

Testimony before the Judiciary Committee
March 29, 2012
In opposition to SB 452
Outpatient Commitment Testimony
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I'd like to begin with a quotation from the stoic philosopher Epictetus: "There are things which are within our power, and there are things which are beyond our power." Within our power are our own feelings, thoughts and actions; beyond our power are the feelings, thoughts and actions of others.

This is a fundamental truth. It is one of the hardest lessons we learn in life, one so difficult to accept that we have to relearn it over and over: You *cannot* save someone who does not *want* to be saved.

So, for example, when we see a friend in trouble, we want with all our heart to come to his aid. He has fallen, let us say, into the snares of evil companions. And we, because we love him, want to rescue him from them.

But that we *cannot* do. We can *tell* him they are evil. We can *urge* him to leave them. But we cannot *make* him do so. Only *he* can free himself, and only when he *wants* to.

And therein lies the rub. Involuntary Outpatient Commitment is the means by which you hope to rescue people against their will.

This you would do by stripping a person of his civil rights. This you would do when he or she is, in the language of the bill, "capable of giving informed consent but refuses to consent." This you would do by calling on the police to, in the language of the bill, "transport" the patient to a place where he or she may be medicated "over his or her objection"...

And here I interrupt myself to wonder at the irony in this last bit of language in the bill: This you would do "consistent with the dignity and privacy of the patient."

There are all sorts of reasons why a patient may not take her meds: she does not believe she is really sick; she feels better when off the meds than on them; she doesn't want to suffer the side effects — and there are many.

But the critical thing here is that she must come to *believe* that she will be better off if she takes them. And this she will only come to believe in her own time, when those who are caring for her show her patience and kindness and respect.

Forcible medication does the opposite. It drives a wedge between the patient and those who would help him. It kills the trust that needs to be established if he is ever to come to the place where he *wants* to be saved.

To quote Epictetus again: "Everything has two handles: one by which it may be borne, another by which it cannot." For a person with a mental illness, involuntary outpatient commitment is *not* a handle by which it may be borne; our caring and respect for his or her autonomy as a human being is.